

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-040963

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

282

Primary Registration District No.

4424

Registrar's No.

136

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED NOV 1 1963

1. PLACE OF DEATH

a. COUNTY Polk

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN Humansville

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION Big Springs Nurs. Home

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Cedar

c. CITY
OR
TOWN Stockton

Inside Limits
Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)
5 Miles North

Reside on Farm
Yes ☒ No ☐

3. NAME OF DECEASED
(Type or print)

First ELROY Middle (NONE) Last CROSS

4. DATE OF DEATH
Month Day Year
Oct. 25, 1963

5. SEX
Male

6. COLOR OR RACE
White

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH
10-22-76

9. AGE (last birthday)
87

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Laborer

10b. KIND OF BUSINESS OR INDUSTRY
Salt Packing

11. BIRTHPLACE (City and state or country)
Lebanon, Mo.

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

William Cross

13b. MOTHER'S MAIDEN NAME

Nettie Feeling

14. NAME OF HUSBAND OR WIFE

17. INFORMANT Address
Mrs. Hattie Moon, Stockton, Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

LEUKA

INTERVAL BETWEEN ONSET AND DEATH
3 WKS.

DUE TO (b)

ARTERIOCLAR NEPHROSCLEROSIS

20 YEARS

DUE TO (c)

BENIGN PROSTATIC HYPERTROPHY & PROSTATITIS 2 MONTHS

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

ASHD, T.C.H.F. + 1° A-V HEART BLOCK

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.
Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 9/11/63 to 10/16/63 and last saw him alive on 10/26/63.
Death occurred at 5 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)
Worley, Stewart, M.D.

22b. ADDRESS
8085 MAIN E. DOWNS SPRING, MO.

22c. DATE SIGNED
10/26/63

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE
10-28-1963

23c. NAME OF CEMETERY OR CREMATORY
Tinker Cemetery

23d. LOCATION (City, town, or county)
Polk County, Mo.

24. FUNERAL DIRECTOR ADDRESS
Cantlon Fun. Home, Stockton, Mo.

25. DATE RECD. BY LOCAL REG.
Oct 29, 1963

26. REGISTRAR'S SIGNATURE
Ralph Gordon per J.A.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

VS 300
Rev. 4/59

0840

0200

0

2

0

9/4/2x

86-0

1-0

No permit issued

J.H.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

John A. Conthon

Licensed Embalmer No.

4387

P. O. Address

Stockton, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.